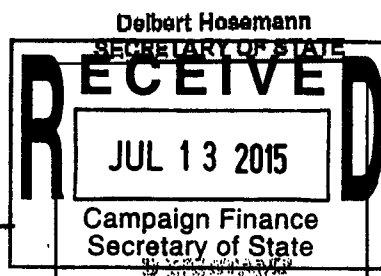


2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Sanford Johnson
Address P.O. Box 1095 - Clarksdale, MS 38614 County Coahoma
Telephone (Work) 662.985.7123 (Home) _____ (Fax) _____
Contact Name Sanford Johnson Email Address sanfordj21@gmail.com
Office Sought State Representative (Dist. 26) Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)Mandatory
____ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)Mandatory
X July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)Mandatory
____ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)Mandatory
All Primary Candidates and Political Committees
____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)Mandatory
____ October 27, 2015 Pre-Election ReportMandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015) All Candidates and Political Committees
(Independent Candidates report January 1, 2015 through October 24, 2015)
____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
____ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	4,047.22	+	4,888.00	\$ 8,932.22	\$ 49,263.34
Total amount of disbursements \$	10,979.53	+	6,249.79	\$ 17,229.32	\$ 35,425.41
Total amount of cash on hand				\$ 21,991.73	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Sanford Johnson
Signature of Candidate

7/10/15
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$80 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 676-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Sanford Johnson

Reporting period June 1, 2015 through June 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Washington Ink	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 110 Yazoo Avenue	6 / 10 / 15	\$ 200
City, State, Zip Code Clarksdale, MS 38614	6 / 15 / 15	\$ 200
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400
B. Full name Calvert Street Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 164 Rosa Parks Blvd	6 / 17 / 15	\$ 7875
City, State, Zip Code Nashville, TN 37203	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7875
C. Full name A2Z Print Shop	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1455 Main Avenue #2	6 / 23 / 15	\$ 643.68
City, State, Zip Code Clifton, NJ 07011	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 643.68
D. Full name Staples	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 500 Staples Drive	6 / 25 / 15	\$ 310.85
City, State, Zip Code Framingham, MA 01702	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 310.85
E. Full name Kenya Collins	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 325 East 2nd Street	6 / 1 / 15	\$ 1750
City, State, Zip Code Clarksdale, MS 38614	6 / 15 / 15	\$ 1750
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3500
F. Full name 4Degrees Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8980 W. Tennessee Avenue	6 / 30 / 15	\$ 3,000.00
City, State, Zip Code Lakewood, CO 80226-4168	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Sanford Johnson
 Reporting period June 1, 2015 through June 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Wright Thompson</u>		<u>6</u> / <u>2</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>530 North 14th Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Oxford, MS 38655</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>ESPN</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Writer</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Leadership for Educational Equity - Mississippi</u>		<u>6</u> / <u>17</u> / <u>15</u>	\$ <u>2272.22</u>
Mailing Address <u>1805 7th Street NW - 8th Floor</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Washington, D.C. 20001</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>2272.22</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Bankers Association PAC</u>		<u>6</u> / <u>23</u> / <u>15</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 1091</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Blanca Zaharescu</u>		<u>6</u> / <u>24</u> / <u>15</u>	\$ <u>260</u>
Mailing Address <u>109 Crastline Drive - Apartment 501</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clarksdale, MS 38614</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Spring Initiative</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Staff</u>		Aggregate year-to-date	\$ <u>260</u>

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Name of Candidate or Committee Sanford Johnson
 Reporting period June 1, 2015 through June 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Antonio Paras</u>		<u>6</u> / <u>24</u> / <u>15</u>	\$ <u>260</u>
Mailing Address <u>3746 Vance Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Wheat Ridge, CO 80033</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Mayor's Office of Children's Affairs</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Education Policy Director</u>		Aggregate year-to-date	\$ <u>260</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>